

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 30 PM 3:40

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000004860			
1. Entity Name BLUE LINE DEVELOPMENT, LLC			
Principal Place of Business 14458 CYPRESS ISLAND CIR. PALM BEACH GARDENS, FL 33410		Mailing Address 14458 CYPRESS ISLAND CIR. PALM BEACH GARDENS, FL 33410	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1030014		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHASEN, VICTORIA A 14458 CYPRESS ISLAND CIR. PALM BEACH GARDENS, FL 33410		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when amending)			
DATE _____			
FILE NOW!!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
000021181560 06/30/03--01004--009 **50.00			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHASEN, DONALD L MGR 14458 CYPRESS ISLAND CIRCLE PALM BEACH GARDENS, FL 33410 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: <u>Donald L. Chasen</u> DONALD L. CHASEN		6/26/03 561-627-3334	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	